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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: 11 S F	ROSCOE, LLC		Ì
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Heather M. Re	eynolds	
		Name of Person	
	Hathaway & R	Reynolds, PLLC	
		Firm/Company	
	50 A1A N., Su	iite 108,	
		Address	
	Ponte Vedra B	each, FL 32082	
		City/State and Zip Code	
	hmreynolds@pvtitle.		
For further information of	oncerning this matter, please ca	to be used for future annual report notifically.	cation)
Heather Name of		s a1904, 553	Telephone Number T. F. D. H. D
	J	Dayane	
Enclosed is a check for the	e following amount:		Lossifi Tossif
的, \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
		.•	•
Registra Division P.O. Bo	NG ADDRESS: tion Section t of Corporations x 6327 see, FL 32314	STREET/COURLET Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

11 S ROSCOE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Lumied Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 27, 2011 and assigned Florida document number 1.11000011303 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C;" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: U New Registered Office Address: Enter Florida street address Florida Zip Code New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

IGR= M MBR= A	lanager authorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
MBR	Benjamin Groshell	304 To Ave. S., Jacksonville Heach, FL 32250	■ Add
MED			Change
<u>MBR</u>	Lisa M. Groshell	504 1st Ave. S.	D Add
		Jacksonville Beach, FL 32250	Remove
			Change
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fan effective Note: If the document's	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after for date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	iling.) Pārsua date will no	int to 605.020 of be listed a
ie record The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a. h day after the record is filed.	m. on the	e earlier c
Dated	10/30 2017		ı
_	Wm That Down		•
	Signature of a member or authorized representative of a member		
	M(1/1)		

Page 3 of 3

Filing Fee: \$25.00